

**COUNTY OF SAN DIEGO**  
**DEPARTMENT OF HUMAN RESOURCES**  
**REQUEST FOR SPECIAL TESTING ACCOMMODATIONS**

The County of San Diego has a strong commitment to workforce diversity by providing equal employment opportunities for all persons regardless of race, color, religion, national origin, ancestry, physical or mental disability, medical condition, marital status, gender, sexual orientation, age, or veteran status. Any individual who has a physical or mental impairment or limitation described as a disability under the Americans with Disabilities Act ("ADA") may request reasonable accommodations when taking written examinations. Alternative testing days or other special accommodations requested for religious reasons may also be granted. Decisions regarding accommodations shall be made by the Department of Human Resources on a case-by-case basis.

To request a testing accommodation due to a disability, you must include with this form, documentation recently obtained on official letterhead from a physician, school official (for learning disability only), licensed psychiatrist or psychologist, or other appropriate authority, which identifies your disability and your need for the requested accommodations. To request a testing accommodation for religious reasons, you must include with this form documentation from a recognized religious leader describing the requested accommodation. Submit this form and required documentation **no later than 10 days before the scheduled test date to:**

**Department of Human Resources, 1600 Pacific Highway, Room 207, San Diego, CA 92101-2472**

RECRUITMENT # \_\_\_\_\_ RECRUITMENT TITLE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE NUMBER(S) \_\_\_\_\_  
(Home) (Work) (Other)

☐ I am requesting special testing accommodations based on my religious beliefs/affiliation

☐ I am requesting special testing accommodations based on my disability in the area(s) checked below:

**ACCOMMODATIONS REQUESTED (Check all that apply):**

- ☐ Date other than scheduled test date (please explain) \_\_\_\_\_  
\_\_\_\_\_
- ☐ Additional Time (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Other equipment or accommodation (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I hereby authorize the County of San Diego to verify my need for special testing accommodations. I understand that this verification may include contacting persons and/or agencies provided in the documentation I have provided, in order to determine my need for special testing accommodations. I understand that only information needed to verify my accommodation request and determine the accommodations required will be requested. These documents will be kept confidential in accordance with the ADA.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_